

NAME: _____ TELEPHONE: _____

NAME OF BOARD, COMMITTEE OR COMMISSION _____

☐ **Statement of Incompatible Activities related to County Duties**

- ☐ I am currently engaged in, or plan to enter into, outside employment, business activity or enterprise which is related to my duties as a County Officer or employee or as a member of a County board, commission, committee or similar body, or which may be subject to review or approval by a County Officer or employee as follows:

Nature of business or activity

Employer (if applicable)

List duties performed: _____

Remarks: _____

For additional organizations or information, please include on separate page.

- ☐ I am NOT engaged in, or plan to enter into any activity in conflict with County duties as stated above.

Signature

Date

☐ **Statement of Membership in Nonprofit Organizations Funded by County – Form 519**

- ☐ I am currently an officer or member of the policy-making board of the following Nonprofit organization(s) funded by the County:

Name of Organization

Status in organization

Specific funding request (if applicable)

Organization or County Department

Department Head Initials



Please return completed form to:
Clerk of the Board of Supervisors
County Administration Center
1600 Pacific Highway, Room 402
San Diego, CA 92101-2471
(619) 531-5600